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Medical aircraft play a very important role in the distribution of medical supplies to the rural population. Physician-specialists equipped with all necessary medical instruments fly to the spot to render urgent medical aid. Seriously-ill patients are transported in the shortest possible time to republic, rayon and oblast specialized hospitals and institutions. In 1946 alone, there were 43,968 plane flights transporting patients for medical treatment. The lives of many thousands of people were saved.

All this speaks eloquently of the fact that medical assistance to the rural population is being rapidly restored after the period of stagnation and loss brought on by World War II.

Along with the quantitative increase in the rural medical network, there are considerable qualitative achievements in the control of epidemic diseases, in delivery technique, and in medical-prophylactic work. More people are being given medical assistance and kolhoz workers are being better served during the sowing and harvesting periods.

Notwithstanding the improvement in the medical-sanitation services to the rural population, it should be noted that the status of the network and the conditions under which rural medical workers must often work is very often still unsatisfactory. There are not enough transportation facilities and equipment in the medical institutions. In a number of places, living conditions of the village medical workers are unsatisfactory.

Even with the enlargement of the rural medical network and its achievements, facilities are still incapable of coping with the increased demand of the rural population for competent, specialized medical service. Workers in the rural medical network have not yet been able to decrease the morbidity rate for a great many diseases responsible for the large number of workdays lost by workers of kolkhozes, sovkhozes, MTSs, and enterprises located in the rural areas. Specialized medical aid in rayon hospitals for the rural population is still organized unsatisfactorily. It forces the rural population to turn to urban medical institutions for aid. Medical aid for mothers and children is still inadequate in the villages. The functional relation of the district hospitals and dispensaries with surgeon's assistant, obstetrical, and surgeon's assistant obstetrical stations and the supervision of these minor institutions by the heads of the rural medical sections are inadequate.

To achieve a decided improvement in the medical care of the rural population, the USSR Ministry of Public Health, through the Union Ministries of Public Health and the oblast and rayon public health departments, together with the active participation of all medical workers, began the organization of a medical aid system which would effectively lower the morbidity rate and thus improve the rural economy.

This system of medical institutions for the care of rural populations must include the oblast, rayon and republic hospitals, the medical-prophylactic institutions of the rayon center under the supervision of the rayon hospital, and the rural medical section with its surgeon's assistant-obstetrical stations. All of these institutions must cooperate closely with one another.

The oblast hospital, through the Oblast Public Health Department, must supervise and direct the organization of medical aid for the rural population of the oblast, and must help the rayon and district institutions in improving the quality of work. The oblast hospital must become the center and assist the Oblast Public Health Department in guiding the work of the rural medical establishments. It must render the highly skilled and specialized hospital and polyclinical assistance which cannot be rendered in the rayons. In addition, the oblast hospital must send its staff into the rayons and to rural medical sections to assist and consult with the local medical workers. Through medical-aviation stations the oblast hospital must

- 2 -

CONFIDENTIAL

50X1-HUM

CONFIDENTIAL

render organized, skilled, urgent, and special medical aid. Finally, the oblast hospital is required to train doctor-specialists for rayon and district hospitals, to increase the quality of the doctors' work in these hospitals, and to train medical assistants for work in the specialized departments and consulting rooms of regional and district hospitals. Such assistants would include surgical nurses, laboratory assistants, nurses and technicians for X-ray rooms, dieticians, physiotherapists, nurse masseurs, etc.

The second link in the system of medical-sanitation care for the rural population is the rayon hospital and other rayon medical-prophylactic institutions. The principal task of the rayon hospital is to provide the rayon's rural population with specialized medical aid based on contemporary achievements in medical science. To accomplish this, the public health services must expend considerable effort to create such institutions in rayon centers.

The rayon centers should have hospitals equipped with 35-100 beds, depending upon the size of the rayon's population. They should have special wards or separate beds for surgical, therapeutic, obstetrical, and gynecological cases and infectious and children's diseases. This must be done to bring specialized medical aid as close as possible to the rural population. The cited specialized medical care must be rendered to dispensary patients, as the Rayon dispensary should be united organically with the rayon hospital. The doctors work simultaneously in the hospital and in the affiliated dispensaries.

The rayon hospital must unite and direct the medical-prophylactic work of rural medical sections and improve the qualifications of its own doctors and medical assistants. To provide rayon hospitals with specialized medical cadres, a decision of the Soviet of Ministers USSR has entrusted the training of such cadres to oblast and republic hospitals, dispensaries, and institutions. In 1947, 2,276 doctors began specialized work in rayon centers, and in 1948, the number will increase to 5,000.

Apart from the rayon hospital with its polyclinic, each rayon center will be provided with the following: women's-children's consultation rooms with milk kitchen, permanent creches, medical-epidemiological and anti-malarial stations, first-aid stations, and pharmacies.

This whole complex of rayon institutions is called upon to organize, through its divisions, this work in the rayon as well as in the rayon center. For this purpose, this network shall enlist the services of doctors in rural medical sections and direct their work.

The rural medical section remains the basic medical-prophylactic unit and is responsible for carrying out medical, antiepidemic and medical-prophylactic aid in the territory it serves. The rural medical section takes advantage of the guidance and assistance of the rayon institutions and the oblast hospital in carrying out its activities.

In rural localities, medical sections serve kolkhozes, sovkhoses, MTBs, MTNs and enterprises which extract and process natural resources, (lumber, peat, and fish). Therefore, rural medical sections should be developed in sovkhoses and in peat and lumber enterprises. The creation of specialized hospitals does not mean that district hospitals cannot organize specialized aid themselves. On the contrary, they must strive to establish and expand this type of service.

In developing and expanding its medical work, the rural medical section assures the execution of comprehensive antiepidemic, medical, and prophylactic measures designed to serve the rural population. No inhabited locality should be without service. Provisions have been made to carry out all the various antiepidemic measures (treatment, infection control, inoculations, etc.)

- 3 -

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

50X1-HUM

as well as for the study of the sanitation condition of various objectives in the district and for the execution of sanitation-hygienic measures, involving these objectives, for rendering medical aid at home, for care of children and pregnant women, for assisting home deliveries, for carrying out sanitation inspection of schools, for conducting sanitation propaganda among the population, and for the control and guidance of the work of kolkhoz nurses, etc.

The principal executors of the district work of each individual rural soviet are the surgeon's assistant-obstetrical, surgeon's assistant, and obstetrical stations. These stations must become an organic part of the rural medical section. Under the guidance of the head of the medical sections they render premedical aid and carry out other aspects of district work in the territories assigned to them by the rural soviets. In order to intensify their work, all surgeon's assistant and obstetrical stations are destined for reorganization into surgeon's assistant-obstetrical stations toward the end of the Fourth Five-Year Plan. Consequently, there will be two medical assistants working in each of these stations.

To assure hospital delivery care, the surgeon's assistant-obstetrical stations which are remote from hospital delivery wards must be equipped with two or three delivery beds. Finally, each station must have a pharmacy.

It is intended that the organization of all the branches of the medical-prophylactic system serving the rural population will be achieved toward the end of the Five-Year Plan. The rapid completion of this plan, the coordinated activity of all medical institutions from the oblast hospital to the surgeon's assistant-obstetrical station, will raise the health service for the rural population of the USSR to a still higher level.

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